

Savings Offset Payment Q & A

1. What is the basis for implementing the Savings Offset Payment (SOP)?

The Maine Legislature created the SOP in 2003 (PL 2003, c. 469) and subsequently revised it in 2005 (PL 2005, c.400). The law is codified at 24-A M.R.S.A. §§ 6901-6971.

The law required the Dirigo Board of Directors to file with the Superintendent of Insurance their determination of aggregate measurable cost savings. The law further required the Superintendent of Insurance to hold an Adjudicatory Hearing to make the final determination of savings in the State's health care system.

In 2005, the Superintendent determined that the aggregate measurable savings was \$43.7 million. To view the Superintendent's decision go to the Bureau of Insurance's web site at (<http://www.maine.gov/pfr/insurance/dirigo/ins05700Dirigo.htm>).

In 2006, the Superintendent determined that the aggregate measurable savings was \$34.3 million. To view the Superintendent's decision go to the Bureau of Insurance's web site at (http://www.maine.gov/pfr/insurance/dirigo/pdf/INS-06-900_Decision_and_Order.pdf).

Maine law ties the amount of the SOP assessment to the demonstrated savings in the health care system. For SOP 1 the assessment is 2.408% of all Paid Claims. For SOP 2 the assessment is 1.85% of all Paid Claims. Please refer to the Paid Claims definition at http://www.dirigohealth.maine.gov/PaidClaimsDefinition_Rules_NewProposed_FINAL_092605.pdf.

2. How do we know if we are required to submit a payment?

For Health Insurance Carriers, the SOP applies to paid claims for health care on policies issued pursuant to the laws of the State of Maine that insure residents of the State. 24-A M.R.S.A. § 6913 (3)(B)(1).

For Third-Party Administrators, the SOP applies to paid claims for health care for residents of the State of Maine. 24-A M.R.S.A. §6913 (3)(B)(2)

For Employee Benefit Excess Insurance Carriers, the SOP applies to employee benefit excess insurance policies, as defined in section 707, subsection 1, paragraph C-1, issued pursuant to the laws of the State of Maine that insure residents of the State of Maine. 24-A M.R.S.A. § 6913 (3)(B)(3).

3. Will we get a bill?

No the Agency will not send an invoice. However, the Agency will send notice that payment is due. Entities self declare their SOP payments using a standard template. (See attached). The template must be completed and remitted with each quarterly payment.

The Dirigo Health Agency reserves the right to have independent auditors verify the basis of an entity's SOP payment. The Agency will provide 60 days notice of any audit to the entity.

4. How do we calculate our payment?

For SOP 1 (based on the Superintendent's 2005 decision), payment should be based on:

- For Health Insurance Carriers, 2.408 % of annual paid claims for health care policies as provided in 24-A M.R.S.A. § 6913 (3)(B)(1)

- For Third-Party Administrators, 2.408 % of annual paid claims for health care for residents of this State as provided in 24-A M.R.S.A. § 6913 (3)(B)(2)
- For Employee Benefit Excess Insurance Carriers, 2.408 % of annual paid claims on employee benefit excess insurance carriers as provided in 24-A M.R.S.A. § 6913 (3)(B)(3)
- Groups with enrollment or renewal dates between January 1, 2006 and December 31, 2006
- For claims incurred and paid
 - subsequent to the group's enrollment or renewal date
 - in the period January 1, 2006 – November 30, 2007
 - through the course of the group's plan year.

Thus an entity is responsible for SOP 1 on the following claims:

Enrollment / Renewal Date	Claims Incurred and Paid
January 2006	January 1, 2006 - December 31, 2006
February 2006	February 1, 2006 - January 31, 2007
March 2006	March 1, 2006 - February 28, 2007
April 2006	April 1, 2006 - March 31, 2007
May 2006	May 1, 2006 - April 30, 2007
June 2006	June 1, 2006 - May 31, 2007
July 2006	July 1, 2006 – June 30, 2007
August 2006	August 1, 2006 – July 31, 2007
September 2006	September 1, 2006 – August 31, 2007
October 2006	October 1, 2006 – September 30, 2007
November 2006	November 1, 2006 – October 31, 2007
December 2006	December 1, 2006 – November 30, 2007

For SOP 2 (based on the Superintendent's 2006 decision), payment should be based on:

- For Health Insurance Carriers, 1.85 % of annual paid claims for health care policies as provided in 24-A M.R.S.A. § 6913 (3)(B)(1).
- For Third-Party Administrators, 1.85 % of annual paid claims for health care for residents of this State as provided in 24-A M.R.S.A. § 6913 (3)(B)(2).
- For Employee Benefit Excess Insurance Carriers, 1.85 % of annual paid claims on employee benefit excess insurance carriers as provided in 24-A M.R.S.A. § 6913 (3)(B)(3).
- Groups with enrollment or renewal dates between July 1, 2007 and June 30, 2008
- For claims paid:
 - subsequent to the group's enrollment or renewal date
 - for claims paid in the period July 1, 2007 – May 31, 2009
 - through the course of the group's plan year

Thus an entity is responsible for SOP 2 on the following claims:

Enrollment / Renewal Date	Claims Paid
July 2007	July 1, 2007 – June 30, 2008
August 2007	August 1, 2007 – July 31, 2008
September 2007	September 1, 2007 – August 31, 2008
October 2007	October 1, 2007 – September 30, 2008
November 2007	November 1, 2007 – October 31, 2008
December 2007	December 1, 2007 – November 30, 2008
January 2008	January 1, 2008 – December 31, 2008
February 2008	February 1, 2008 – January 31, 2009
March 2008	March 1, 2008 – February 28, 2009
April 2008	April 1, 2008 – March 31, 2009
May 2008	May 1, 2008 – April 30, 2009
June 2008	June 1, 2008 – May 31, 2009

Examples of the assessment:

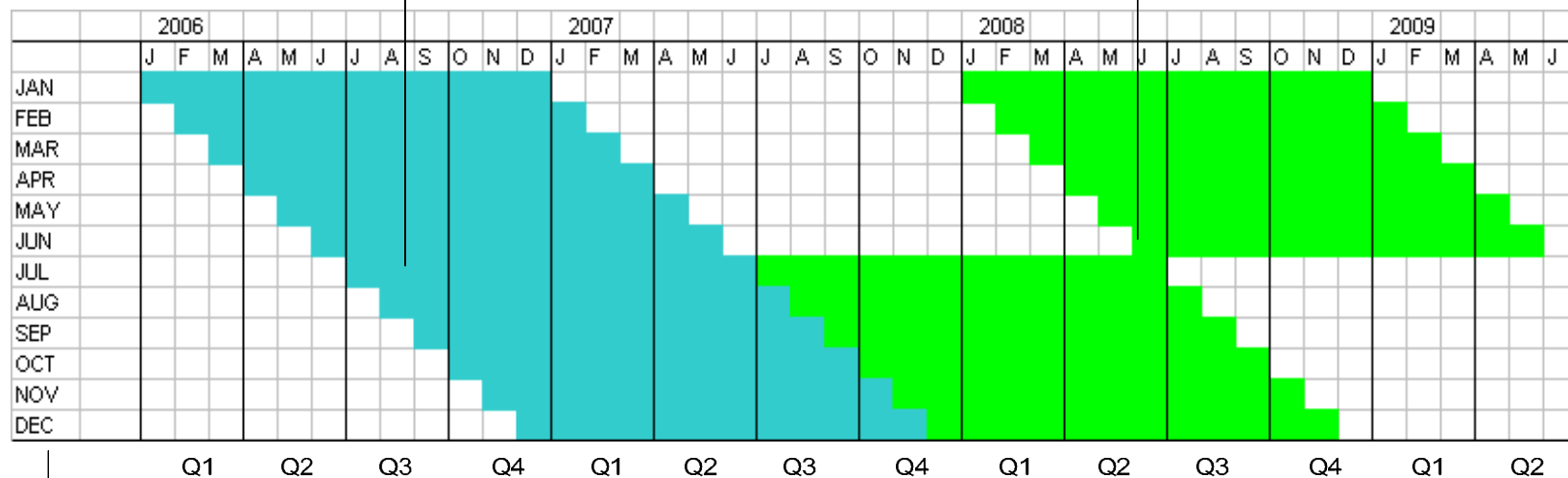
Group Effective Month	Claim Incurred	Claim Paid	Assessment	Reason
January	January 2006	February 2006	SOP 1– 2.408%	Plan start date between January 1, 2006 and December 31, 2006, claim incurred and paid during plan year.
March	February 2006	March 2006	No assessment	Claim incurred prior to start of plan year (SOP 1 is incurred and paid)
January	December 2006	January 2007	No assessment	Plan start date not between January 1 and December 31, 2006 or July 1, 2007 and June 30, 2008. Plan years beginning between January 1 and June 30, 2007 pay no SOP in 2007. These plans begin paying SOP 2 after renewal in 2008.
July	June 2007	July 2007	SOP 2 – 1.85%	Plan start date between July 1, 2007 and June 30, 2008 and paid during plan year.
January	December 2007	January 2008	SOP 2 – 1.85%	Plan start date between July 1, 2007 and June 30, 2008 and paid during plan year.
January	December 2008	December 2008	SOP 2 – 1.85%	Plan start date between July 1, 2007 and June 30, 2008 and paid during plan year.



SOP 1 Incurred and Paid in period



SOP 2 Paid in period



Effective Date of Group

Payment Schedule

5. Does the SOP apply to the billed amount or the paid amount of claims?

The SOP applies to the paid amount.

6. What types of claims do we include in determining our payment?

All payments (with the exception of the exclusions below) made by health insurance carriers, third-party administrators and employee benefit excess carriers for health and medical services provided under policies issued pursuant to the laws of this State that insure residents of this State or, in the case of third-party administrators, for health care for residents of this State.

7. What types of claims do we exclude in determining our payment?

The following claims are not subject to the assessment:

- claims related to expenses or general administrative costs
- payments made to qualifying providers under a “pay for performance” or other incentive compensation arrangement
- claims paid by carriers and third-party administrators with respect to accidental injury, specified disease, hospital indemnity, dental, vision, disability income, long-term care, Medicare supplement or other limited benefit health insurance. Claims paid for dental services covered under a medical policy are included, however.
- claims paid for non-residents of Maine
- claims paid under retiree health benefit plans that are separate from benefit plans for existing employees
- claims paid by an employee benefit excess carrier which are counted by a different third-party administrator in determining its savings offset payment
- claims paid for persons covered under a benefit plan for federal employees
- claims paid for services outside of this State

For the definition of paid claims, refer to the Dirigo Health Agency Paid Claims Rules at (http://www.dirigohealth.maine.gov/PaidClaimsDefinition_Rules_NewProposed_FINAL_092605.pdf).

8. Are pharmaceutical benefits included?

Yes, pharmaceutical benefits are considered eligible paid claims. Please refer to the Paid Claims definition at http://www.dirigohealth.maine.gov/PaidClaimsDefinition_Rules_NewProposed_FINAL_092605.pdf. Calculation of SOPs should include pharmacy claims paid through administrators such as pharmacy benefit managers.

9. What if our company does not provide any of the services defined under the definition of eligible paid claims in Maine?

If you believe the Dirigo Health Agency has incorrectly notified your company that it is subject to the assessment please send an email to dha@maine.gov indicating your company name, type of business in

Maine, and a brief explanation as to why your company is exempt. Please include "SOP" in the subject line. We will remove you from future notices.

10. To whom should we make our payment?

Payments should be made out to: Treasurer, State of Maine.

11. Where do we send our payment?

Send payment to:

Dirigo Health Agency
53 State House Station
Augusta, ME 04333-0053
Attn: Finance

12. What is the State's EIN?

01-6000001

13. When do we need to send our payment?

The reporting period is quarterly and the payment deadline is 60 days from the close of the quarter.

Savings offset payments for third-party administrators with 500 or fewer total members in Maine in all groups may be made annually 60 days after the close of the plan year. For example, a TPA would pay for groups with effective dates in January, February, and March 2006 on June 1, 2007.

Entities that have total quarterly payment amounts of \$100.00 or less may combine quarterly payments or pay annually.

Payment Schedule by Effective Date

Enrollment / Renewal Date	Claims Paid	Assessment	Due Date
January 2006	January 1, 2006 - March 31, 2006	2.408%	June 1, 2006
January 2006	April 1, 2006 – June 30, 2006	2.408%	September 1, 2006
January 2006	July 1, 2006 – September 30, 2006	2.408%	December 1, 2006
January 2006	October 1, 2006 – December 31, 2006	2.408%	March 1, 2007
February 2006	February 1, 2006 – March 31, 2006	2.408%	June 1, 2006
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March 2006	April 1, 2006 – June 30, 2006	2.408%	September 1, 2006
March 2006	July 1, 2006 – September 30, 2006	2.408%	December 1, 2006
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March 2006	January 1, 2007 – February 28, 2007	2.408%	June 1, 2007
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May 2006	May 1, 2006 – June 31, 2006	2.408%	September 1, 2006
May 2006	July 1, 2006 – September 30, 2006	2.408%	December 1, 2006
May 2006	October 1, 2006 – December 31, 2006	2.408%	March 1, 2007
May 2006	January 1, 2007 – March 31, 2007	2.408%	June 1, 2007
May 2006	April 1, 2007 – April 30, 2007	2.408%	September 1, 2007
June 2006	June 1, 2006 – June 31, 2006	2.408%	September 1, 2006
June 2006	July 1, 2006 – September 30, 2006	2.408%	December 1, 2006
June 2006	October 1, 2006 – December 31, 2006	2.408%	March 1, 2007
June 2006	January 1, 2007 – March 31, 2007	2.408%	June 1, 2007
June 2006	April 1, 2007 – May 31, 2007	2.408%	September 1, 2007
July 2006	July 1, 2006 – September 30, 2006	2.408%	December 1, 2006
July 2006	October 1, 2006 – December 31, 2006	2.408%	March 1, 2007
July 2006	January 1, 2007 – March 31, 2007	2.408%	June 1, 2007
July 2006	April 1, 2007 – June 30, 2007	2.408%	September 1, 2007
August 2006	August 1, 2006 – September 30, 2006	2.408%	December 1, 2006
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December 2006	January 1, 2007 – March 31, 2007	2.408%	June 1, 2007
December 2006	April 1, 2007 – June 30, 2007	2.408%	September 1, 2007
December 2006	July 1, 2007 – September 31, 2007	2.408%	December 1, 2007
December 2006	October 1, 2007 – November 31, 2007	2.408%	March 1, 2008
July 2007	July 1, 2007 – September 30, 2007	1.85%	December 1, 2007

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May 2008	April 1, 2009 – April 30, 2009	1.85%	September 1, 2009
June 2008	April 1, 2009 – May 31, 2009	1.85%	September 1, 2009

14. Is there required supporting documentation that must accompany our payment?

Yes. The Dirigo Health SOP Worksheet must accompany the payment. A separate worksheet must be used for SOP 1 and SOP 2. A template is included with this Q & A and is available electronically at www.dirigohealth.maine.gov

15. What happens if our payment is late?

The law allows the Agency to apply an interest rate of 12%.

16. What happens if we need to adjust or correct our payment?

If you have overpaid, you may claim a credit on subsequent SOP payments. The SOP Worksheet allows you to make this notation.

If you have underpaid, you should submit a revised SOP Worksheet and supplemental payment.

17. Do we need to inform the Agency if we paid no claims for the payment period (i.e., our payment would be \$0)?

Yes. It is the entity's obligation to complete the Worksheet reporting \$0 except those entities who pay annually. Annual payers should only submit the Worksheet with their annual payment.

18. What happens if the total amount of the SOP either exceeds or does not meet the savings amount determined?

The law requires the Dirigo Health Agency to reconcile annual savings offset payments received. Any unused payments must reduce the next savings offset payment according to a formula developed by the Agency.

19. Can the Agency send notices and information regarding the SOP to an alternative address?

Yes. Please inform the Agency in writing at dha@maine.gov that you wish to have notices and information sent to an alternative address and/or contact person (i.e., not the address listed with the Maine Bureau of Insurance).

20. Where can I get more information?

More information is available on the Agency's web site, www.dirigohealth.maine.gov, or by calling 207.287.9963.